



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

HealthPlus Partners, Inc. Trust

NAIC Group Code 00000 , 00000 NAIC Company Code 11549 Employer's ID Number 37-6645606  
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]  
Other [ ] Is HMO, Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 07/08/2002 Commenced Business 01/01/2003

Statutory Home Office 2050 South Linden Road , Flint, MI, US 48532  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2050 South Linden Road  
(Street and Number)  
Flint, MI, US 48532 248-443-1093  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2050 South Linden Road , Flint, MI, US 48532  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2050 South Linden Road  
(Street and Number)  
Flint, MI, US 48532 248-443-1093  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.healthplus.org

Statutory Statement Contact Dianna L. Ronan CPA , 248-443-1093  
(Name) (Area Code) (Telephone Number) (Extension)  
dronan@hap.org 248-443-8610  
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Richard E. Swift #			
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State of Michigan  
County of Wayne

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Richard E. Swift Trustee	a. Is this an original filing? Yes [ X ] No [ ]
Subscribed and sworn to before me this day of ,	b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

Roderick J. Curry, Notary  
August 14, 2020

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthPlus Partners, Inc. Trust

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthPlus Partners, Inc. Trust

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....	538,934				538,934	538,934
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....	(272,533)		858,122		585,589	585,589
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	266,401	0	858,122	0	1,124,523	1,124,523

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

21

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	0	0	0	0	0	0





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthPlus Partners, Inc. Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HealthPlus Partners, Inc. Trust 2. \_\_\_\_\_ (LOCATION) \_\_\_\_\_

NAIC Group Code	03409	BUSINESS IN THE STATE OF Michigan	DURING THE YEAR 2017								NAIC Company Code	11549
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
				2	3							
			Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:												
1. Prior Year .....			0									
2. First Quarter .....			0									
3. Second Quarter .....			0									
4. Third Quarter .....			0									
5. Current Year .....			0									
6. Current Year Member Months .....			0									
Total Member Ambulatory Encounters for Year:												
7. Physician .....			0									
8. Non-Physician .....			0									
9. Total .....			0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....			114	114								
11. Number of Inpatient Admissions .....			0									
12. Health Premiums Written (b).....			0									
13. Life Premiums Direct.....			0									
14. Property/Casualty Premiums Written.....			0									
15. Health Premiums Earned.....			0									
16. Property/Casualty Premiums Earned.....			0									
17. Amount Paid for Provision of Health Care Services .....			2,967,321								2,967,321	
18. Amount Incurred for Provision of Health Care Services .....			(93,592)								(93,592)	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HealthPlus Partners, Inc. Trust

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HealthPlus Partners, Inc. Trust

2. \_\_\_\_\_

NAIC Group Code		03409		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017					(LOCATION)		NAIC Company Code		11549	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10					
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other					
Total Members at end of:																
1. Prior Year .....		0	0	0	0	0	0	0	0	0	0					
2. First Quarter .....		0	0	0	0	0	0	0	0	0	0					
3. Second Quarter .....		0	0	0	0	0	0	0	0	0	0					
4. Third Quarter .....		0	0	0	0	0	0	0	0	0	0					
5. Current Year		0	0	0	0	0	0	0	0	0	0					
6. Current Year Member Months		0	0	0	0	0	0	0	0	0	0					
Total Member Ambulatory Encounters for Year:																
7. Physician .....		0	0	0	0	0	0	0	0	0	0					
8. Non-Physician .....		0	0	0	0	0	0	0	0	0	0					
9. Total		0	0	0	0	0	0	0	0	0	0					
10. Hospital Patient Days Incurred		114	114	0	0	0	0	0	0	0	0					
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0					
12. Health Premiums Written (b).....		0	0	0	0	0	0	0	0	0	0					
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned.....		0	0	0	0	0	0	0	0	0	0					
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services .....		2,967,321	0	0	0	0	0	0	0	2,967,321	0					
18. Amount Incurred for Provision of Health Care Services		(93,592)	0	0	0	0	0	0	0	(93,592)	0					

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	129	167	95
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	4,944,848		4,944,848
2. Accident and health premiums due and unpaid (Line 15).....	0		0
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	858,122		858,122
6. Total assets (Line 28)	5,802,970	0	5,802,970
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	534,337	0	534,337
8. Accrued medical incentive pool and bonus payments (Line 2).....	313,734		313,734
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	2,703,287		2,703,287
15. Total liabilities (Line 24).....	3,551,358	0	3,551,358
16. Total capital and surplus (Line 33).....	2,251,612	XXX	2,251,612
17. Total liabilities, capital and surplus (Line 34)	5,802,970	0	5,802,970
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2

NONE

Schedule Y - Part 1A

NONE

Schedule Y - Part 2

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

APRIL FILING

- |  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

JUNE FILING

- |  |               |
|--|---------------|
| 8. Will an audited financial report be filed by June 1?  | .....YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES..... |

AUGUST FILING

- |   |               |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | .....YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |  |              |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | .....NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?  | .....NO..... |

APRIL FILING

- |  |               |
|--|---------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO.....  |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO.....  |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....YES..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....NO.....  |

AUGUST FILING

- |  |          |
|--|----------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES..... |
|--|----------|












Explanation:

11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.

Bar code:

11.	 111549201736059000
12.	 111549201720500000
13.	 111549201742000000
14.	 111549201737100000
15.	 111549201737000000
16.	 111549201736500000
17.	 111549201722240000
18.	 111549201722500000
19.	 111549201722600000
20.	 111549201730600000
21.	 111549201721159000
23.	 111549201721700000



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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The HealthPlus Partners, Inc. Trust ..... Insurance Company  
Address (City, State and Zip Code) Flint, MI 48532.....  
NAIC Group Code 03409..... NAIC Company Code 11549..... Employer's ID Number 01-0729151.....